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FE6AN026

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

SECR-TARY OF THE SENATE
15 NOV 20 PM 1:46

								Office 0	Se Only	
1. NAME OF COMMITTEE	i (in full)	TYPE OR PI	RINT ▼		mple: If ty r the lines.		12FE	4M5		•
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ADDRESS (number	er and street)	120 Maryla	and Avenue.	NE] [[[<u> </u>	<u> </u>	<u> </u>	
Check if	different					<u> </u>				
	previously rted. (ACC)	Washingto	on · 				DC	20002	2	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲										
	42366			3. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF (Choose One		(b) Month Repo	nt Las	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	\boxtimes	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly	Reports:	Due (On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election
	·			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Year Only) Jan 31 (YE)
	l 15 irterly Report (C	(c)	12-Day		Primary (1	2P)	1 Ger	neral (12G)	M	Runoff (12R)
Manufactions	rterly Report (C)2)	PRE-Electio Report for the	Pm?	Convention	a. F*	=9	ecial (12S)	LJ	(,_,,
	ober 15 irterly Report (C	3)		Notice approved.	"""""" """"	/ [[0] 46] / [~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	/ 	:- 41	
	uary 31 r-End Report (Y	Έ)	E	lection on					in the State o	f
■ Rép	31 Mid-Year ort (Non-electio r Only) (MY)	n i	30-Day POST- Electi Report for tl		General (3	90G)	Rur	noff (30R)		Special (30S)
Terr (TE	nination Report R)			lection on	МУМ	/ [D V D] / [~~~~~		in the State o	
5. Covering Period 10 01 2015 through 10 31 2015										
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.										
Type or Print Name of Treasurer Deanna Nesburg										
Signature of Treasurer Date Treasurer										
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.										
Office Use								FEC	FOR Rev. 12/20	M 3X